



Department of Business and Industry

# Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787 Web: doi.nv.gov

## Exemption from Continuing Education Regulation

I, \_\_\_\_\_ certify that I qualify for an exemption from the Nevada Continuing Education regulation for the following reason:

1. \_\_\_\_\_ I have been **continuously** licensed as an insurance agent/producer, as my primary source of income, for a total of \_\_\_\_\_ years. **(Provide documentation- 20 years minimum)**

2. \_\_\_\_\_ I have a total of \_\_\_\_\_ years continuous experience, as my primary source of income, in the field of insurance, in adjusting, underwriting, marketing, selling, practicing law, managing or regulating or any combination of these fields. **(Provide documentation-20 years minimum)**

3. \_\_\_\_\_ I have earned and continue to maintain the following designation(s):  
**(Provide a photocopy of your certificate)**

\_\_\_\_\_ Chartered Property Casualty Underwriter (CPCU)

\_\_\_\_\_ Chartered Life Underwriter (CLU)

\_\_\_\_\_ Certified Insurance Counselor (CIC)

\_\_\_\_\_ Chartered Financial Consultant (ChFC)

\_\_\_\_\_ Certified Financial Planner (CFP)

\_\_\_\_\_  
Producers Name (Print)

\_\_\_\_\_  
Producers Signature

\_\_\_\_\_  
Date

Last 4 digits of SSN or Nevada License Number: \_\_\_\_\_

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Division Use Only: Verified \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

DOI Staff : \_\_\_\_\_ Copy to Producer on : \_\_\_\_\_

